

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 127(c))— SMALL BUSINESS CONCERN

Docket Number (Optional)

SMG200A1

Applicant, Patentee, or Identifier: John D. Kutzko, Michael G. Singer, and John McMichael

Application or Patent No: _____

Filed or Issued: _____

Title: Method and System for Use in Treating a Patient with an Anticoagulant to Optimize Therapy and Prevent an Adverse Drug Response

I hereby state that I am

the owner of the small business concern identified below:

an official of the small business concern empowered to act on behalf of the concern identified below

NAME OF SMALL BUSINESS CONCERN: The RxFiles.Net Corporation

ADDRESS OF SMALL BUSINESS CONCERN: 342 South Tamiami Trail

Nokomis, Florida 34275

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office. Questions related to size standards for a small business concern may be directed to: Small Business Administration, Size Standards Staff, 409 Third Street, SW, Washington DC 20416.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

the specification filed herewith with title as listed above.

the application identified above.

the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization having any rights in the invention is listed below:

no such person, concern, or organization exists.

each such person, concern, or organization is listed below.

NONE

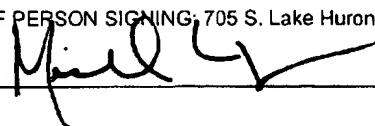
Separate statements are required from each named person, concern or organization having rights to the invention stating their status as small entities. (37 CFR) 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b))

NAME OF PERSON SIGNING: Michael G. Singer

TITLE OF PERSON IF OTHER THAN OWNER: President

ADDRESS OF PERSON SIGNING: 705 S. Lake Huron Shore Rd., Harrisville, MI 48740

SIGNATURE 

DATE 8/8/00

Atty Dkt SMG200A1

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **METHOD AND SYSTEM FOR USE IN TREATING A PATIENT WITH AN ANTICOAGULANT TO OPTIMIZE THERAPY AND PREVENT AN ADVERSE DRUG RESPONSE**, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed.

Prior Foreign Application(s): NONE.

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

NONE

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

AUG-08-00 TUE 12:02 PM

FAX:

PAGE 4

Aug 08 00 12:54p

Rx~~es~~.Net

94148-21

p. 4

Serial Number 09/348,592 filed July 6, 1999

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Irving M. Weiner, Reg. No. 22,168, and Pamela S. Burt, Reg. No. 27,861.

SEND CORRESPONDENCE TO: Irving M. Weiner
Weiner & Burt, P.C.
635 N. US-23, P.O. Box 186
Harrisville, MI 48740.

DIRECT TELEPHONE CALLS TO: Irving M. Weiner, (517) 724-7400

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: JOHN D. KUTZKO

Inventor's signature

8/8/00

Date

Country of Citizenship: United States of America

Residence: NOKOMIS, FLORIDA

Post Office Address: 109 LOUELLA LANE
NOKOMIS, FL 34275

Full name of second inventor: MICHAEL G. SINGER

Inventor's signature

8/8/00

Date

Country of Citizenship: United States of America

Residence: HARRISVILLE, MICHIGAN

Post Office Address: 705 SOUTH LAKE HURON SHORE ROAD
HARRISVILLE, MI 48740

Full name of third inventor: JOHN McMICHAEL

Inventor's signature

8/8/00

Date

AUG-08-00 TUE 12:02 PM

Aug 08 00 12:54p

FAX:

PAGE 5

Rx~~es~~.Net

94148 21

p.5

Country of Citizenship: Canada

Residence: WEXFORD, PENNSYLVANIA

Post Office Address: 2465 DOGWOOD DRIVE

WEXFORD, PA 15090

AUG-08-00 TUE 12:02 PM

FAX:

PAGE 6

Aug 08 00 12:54p

RxFil.es .Net

941485 1

p. 6

PTO/88/09 (12-97)

Approved for use through 3/3/00, OMB 0651-0031
Patent and Trademark Office; US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(F) & 127(B))—INDEPENDENT INVENTOR**

Docket Number (Optional)

SMG200A1

Applicant, Patentee, or Identifier: John D. Kutzko, Michael G. Singer, and John McMichael

Application or Patent No: _____

Filed or Issued: _____

Method and System for Use in Treating a Patient with an Anticoagulant to Optimize Therapy and Prevent
Title: an Adverse Drug Response

As a below named Inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c)
for purposes of paying reduced fees to the Patent and Trademark Office described in:

the specification filed herewith with title as listed above.
 the application identified above
 the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or
license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(d) or a non
profit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed or licensed or am under an obligation under
contract or law to assign, grant, convey or license any rights in the invention is listed below:

No such person, concern or organization exists.
 Each such person, concern, or organization is listed below.

The RxFiles.Net Corporation

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status
as small entities. (37 CFR 1.27).

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small
entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which
status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

John D. Kutzko
NAME OF INVENTOR

Signature of Inventor

Michael G. Singer
NAME OF INVENTOR

Signature of Inventor

John McMichael
NAME OF INVENTOR

Signature of Inventor

8/8/00

Date

8/8/00

Date

8/8/00

Date

Burden hour statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of
time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington DC 20231. DO NOT SEND FEES OR
COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231